

Committee for Political Action (PAC) Registration Form

FILE

FEB 27 2004

#557

State of Nevada

DEAN HELLER
SECRETARY OF STATE

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☐ New registration ☒ Amended registration (if amended list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☒ Other Change of address for committee and officer

NAME OF COMMITTEE: ACME Enterprises PAC

Mailing Address: 3455 Cliff Shadows Parkway, Suite 220

Las Vegas NV 89129
City State Zip

Telephone Number: (702) 242-4949 **Facsimile Number:** (702) 242-0414

Email Address: _____ **Website Address:** _____

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

Support candidates for public office and appropriate public policy issues.

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: Mark H. Fiorentino

Mailing Address: 3800 Howard Hughes Parkway, 7th Floor

Las Vegas NV 89109
City State Zip

Telephone Number: (702) 792-7000 **Facsimile Number:** (702) 796-7181

Email Address: _____ **Website Address:** _____

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Mark H. Fiorentino, hereby accept appointment as Resident Agent for the
above named committee for political action.

Mark H. Fiorentino
Signature of Resident Agent

2-24-04
Date

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OFFICERS:

(Please list the name, title and address of each officer.)

Name

John A. Ritter

Title

Chairman / Treasurer

Address

3455 Cliff Shadows Parkway, Suite 220

City/State/Zip

Las Vegas, NV 89129

Name**Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip**

AFFILIATION: (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

Name of Organization:**Address:**

n/a

Submitted By:

Name of representative of group

Date

Send Completed Form to:**SECRETARY OF STATE****101 NORTH CARSON STREET #3****CARSON CITY, NEVADA 89701-4786****PHONE: (775) 684-5705 FAX: (775) 684-5718**